



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**BOARD OF SPEECH/LANGUAGE PATHOLOGISTS,
AUDIOLOGISTS AND HEARING AID DISPENSERS**

TELEPHONE: (302) 744-4500
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WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR EXEMPTION FROM CALIBRATION REQUIREMENT

INSTRUCTIONS

24 Del. C. § 3706(a)(12) of the [license law](#) and Section 7.0 of the Board's [Rules and Regulations](#) require annual calibration of equipment used to assess hearing. Submit this form to document the reason(s) that the annual equipment calibration requirement does **not** apply to you.

1. Full Name: _____
Last First Middle
2. Delaware License Number: **O** ____ - _____
3. Address: _____
City State Zip
4. Phone: _____ Email: _____
daytime evening or cell
5. Do you possess any audiological equipment that requires annual calibration? Yes ☐ No ☐
6. Are you using any other audiological equipment owned by an individual or agency? Yes ☐ No ☐
7. Are you currently working as an audiologist and/or hearing aid dispenser? Yes ☐ No ☐ If no, enter date on which you last provided direct services: _____
8. Do you understand that you must:
 - notify the Board within 30 days if you begin to work as an audiologist and/or hearing aid dispenser who provides direct service and uses equipment requiring calibration? Yes ☐ No ☐
 - submit a calibration report for the audiological equipment you are using at the same time you notify the Board Yes ☐ No ☐

Signature: _____ **Date:** _____